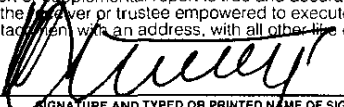


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90006 009 ***150.00

DOCUMENT # P98000052877 1. Entity Name EL SURGICAL ASSOCIATES, P.A.					
Principal Place of Business 8100 S.W. 52ND AVENUE MIAMI, FL 33143			Mailing Address 8100 S.W. 52ND AVENUE MIAMI, FL 33143		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0842593	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTEVEZ, FRANK J MD 8100 S.W. 52ND AVENUE MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ESTEVEZ, FRANK J MD		NAME		
STREET ADDRESS	8100 S.W. 52ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  F.J. ESTEVEZ M.D.			Date 1/22/04 Daytime Phone # 305-856-3212		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					